Government will raise public spending on health to at least 2-3% of GDP over next five years with focus on primary health care besides stepping up public investment in programmes to control all communicable diseases and also provide leadership to the National AIDS Control effort.

(c) and (d) Yes Sir, under the National Rural Health Mission, it has been envisaged to provide for a substantial step up in budgetary allocations in successive years in the light of the absorptive capacities and requirements of the States to achieve the above objective. Molls have also been signed with States which seeks *interalia* a commitment on their part to increase the State share of expenditure on health by at least 10% every year.

Improving the performance of NRHM

†2810. SHRI RAM JETHMALANI:
SHRI RAJ MOHINDER SINGH MAJITHA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any programme is under consideration of Government to make National Rural Health Mission more effective;

(b) if so, the outlines thereof;

(c) the States where above mission is being run in the country at present and where the said mission is required to be made more effective, and

(d) the number of people in each State benefited under the said programme during the year 2005-2006?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) Yes Sir, the Government has implemented National Rural Health Mission (NRHM) throughout the country with special focus on 18 high focus States which includes 8 Empowered Action Group (EAG) States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttaranchal, Orissa and Rajasthan), 8 NE States, Himachal Pradesh and Jammu & Kashmir.

The NRHM aims at improving the range and quality of hospital care, decentralization of programme to district level to improve intra and inter-. sectoral convergence and effective utilization of resources. The NRHM further aims to provide overarching umbrella to the existing National

†Original notice of the question was received in Hindi.

programmes of Health and Family Welfare including RCH-II, Malaria, Blindness, Iodine deficiency, Filaria, Kala Azar, T.B., Leprosy and Integrated disease Surveillance. Further, it addresses the issue of health in a sector-wide manner addressing sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health.

The year 2005-06 was the formative year for the NRHM during which the institutional framework to operationalise the Mission was set up in all the states. The Mission envisages provision of quality health care to the entire population with special focus on the underserved sections.

Technical support in research activities

2811. DR. K. KASTURIRANGAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are taking necessary steps to augment the research cadre in the Indian Council of Medical Research (ICMR);

(b) if so, the details thereof;

(c) whether Government have evolved any specific policy to retain the experienced technical support staff to assist research activities of ICMR; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) In order to augment the research cadre in the Indian Council of Medical Research (ICMR), Government has approved the promotional avenues to all scientists upto level G and H. To retain the experienced Technical staff on Merit Based Promotion Schemes for Indian Council of Medical Research based on DRDO pattern, the matter has been taken up with Ministry of Finance. The recommendation of the Performance Appraisal Board regarding recruitment of 500 Scientists and other related issues are receiving the attention of the Government.

Blind population in the country

2812. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: